

COACHELLA VALLEY HOUSING COALITION
APPLICATION FOR INTEREST LIST FOR THE MUTUAL SELF HELP PROGRAM

WHAT CITY WOULD YOU LIKE TO BUILD / BUY YOUR HOUSE IN? PLEASE LIST YOUR CHOICES BELOW.

1) _____ 2) _____ 3) _____
First Choice Second Choice Third Choice

CREDIT REPORT FEE
A FLAT FEE OF \$25.00 IS REQUIRED FOR A CREDIT REPORT
(REGARDLESS OF THE NUMBER OF APPLICANTS)

THE FOLLOWING FORMS OF PAYMENT ARE ACCEPTED:

- **IN PERSON: CHECK, MONEY ORDER OR CREDIT / DEBIT CARD**
- **MAIL: CHECK OR MONEY ORDER**
- **ONLINE: PAYPAL**

If mailing application, receipt will be mailed to you within 48 hrs. of receiving your application.

APPLICANT LAST NAME: _____ **FIRST NAME:** _____

(Name as appears on ID/ Driver's License)

SS#: _____ DATE OF BIRTH: _____

ADDRESS: _____
Street City State Zip Code

MAILING ADDRESS: _____

HOME PHONE: () _____ MESSAGE () _____

APPLICANT EMAIL: _____

HOUSEHOLD SIZE _____ HOW MANY DEPENDENTS UNDER 18 _____ U.S. VETERAN? YES _____ NO _____

FARM WORKER? YES _____ NO _____ PREFERRED LANGUAGE _____

EDUCATION:

Below High School Diploma _____ High School Diploma or Equivalent _____ Two Year College _____ Bachelor's Degree _____
 Master's Degree _____ Above Master's Degree _____

APPLICANT'S EMPLOYER: _____ **TELEPHONE ()** _____

OCCUPATION: _____ **HOW LONG EMPLOYED: YEAR(S)** _____ **MONTH(S)** _____

GROSS INCOME: \$ _____ **PLEASE INDICATE IF: HOURLY** _____ **WEEKLY** _____ **BI-WEEKLY** _____ **ANNUALLY** _____

FULL-TIME _____ **PART-TIME** _____ **SELF-EMPLOYED** _____ **SEASONAL** _____ **HOURS WORKED PER WEEK** _____

OTHER INCOME: (PLEASE CIRCLE ANY THAT ARE APPLICABLE): CAL-WORKS, SDI, SSI, CHILD SUPPORT / SPOUSAL SUPPORT / OTHER (SPECIFY): _____ MONTHLY AMOUNT: \$ _____

2nd EMPLOYER (IF APPLICABLE): _____ GROSS INCOME: \$ _____

PLEASE INDICATE CURRENT HOUSING CONDITION: GOOD ___ FAIR ___ BAD ___

IF BAD, PLEASE EXPLAIN: _____

HOW DID YOU HEAR ABOUT THE PROGRAM? FLYER ___ A FRIEND ___ EVENT ___ INTERNET ___ RADIO ___ TELEVISION ___ FAMILY ___ OTHER ___ (PLEASE SPECIFY) _____

DO YOU HAVE AN APPLICATION WITH ANOTHER HOUSING AGENCY? YES NO IF YES, WHERE? _____

(IF APPLICABLE):

CO-APPLICANT'S LAST NAME: _____ **FIRST NAME:** _____
(Name as appears ON ID/ Driver's License)

SS#: _____ DATE OF BIRTH: _____

RELATIONSHIP OF APPLICANTS? _____

CO-APPLICANT EMAIL: _____ U.S. VETERAN? YES ___ NO ___

FARM WORKER? YES ___ NO ___ PREFERRED LANGUAGE _____

EDUCATION:

Below High School Diploma ___ High School Diploma or Equivalent ___ Two Year College ___ Bachelor's Degree ___ Master's Degree ___ Above Master's Degree ___

CO-APPLICANT'S EMPLOYER: _____ TELEPHONE () _____

OCCUPATION: _____ HOW LONG EMPLOYED: YEAR(S) _____ MONTH(S) _____

GROSS INCOME: \$ _____ PLEASE INDICATE IF: HOURLY ___ WEEKLY ___ BI-WEEKLY ___ ANNUALLY ___

FULL-TIME ___ PART-TIME ___ SELF-EMPLOYED ___ SEASONAL ___ HOURS WORKED PER WEEK _____

OTHER INCOME: (PLEASE CIRCLE ANY THAT ARE APPLICABLE): CAL-WORKS, SDI, SSI, CHILD SUPPORT / SPOUSAL SUPPORT / OTHER (SPECIFY): _____ MONTHLY AMOUNT: \$ _____

2nd EMPLOYER (IF APPLICABLE): _____ GROSS INCOME: \$ _____

The following information is requested by this agency in order to assure the federal government, acting through its agencies that Federal Laws prohibiting discrimination against applicants on the grounds of race, color, creed, nation origin, religion, sex, marital or familial status, age or physical or mental handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. If you choose not to furnish it, this agency is required to note the race/national origin and sex of individual applicants based on observation or surname.

APPLICANT:

Gender: Male ___ Female ___ Prefer not to answer ___ Marital status ___ Prefer not to answer ___

Ethnicity: Hispanic/Latino ___ Not Hispanic/Latino ___ Prefer not to answer ___

Race: White ___ Black/African American ___ Asian ___ American Indian/Alaskan Native ___

Native Hawaiian ___ Other/Multi-Racial ___ Prefer not to answer ___



CO-APPLICANT:

Gender: Male ___ Female ___ Prefer not to answer ___ Marital status ___ Prefer not to answer ___
Ethnicity: Hispanic/Latino ___ Not Hispanic/Latino ___ Prefer not to answer ___
Race: White ___ Black/African American ___ Asian ___ American Indian/Alaskan Native ___
Native Hawaiian ___ Other/Multi-Racial ___ Prefer not to answer ___

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize and direct any Federal, State or local agency, organization, business or individual to release to Coachella Valley Housing Coalition, its employees, agents or assigns (hereinafter collectively referred as "CVHC") to release/exchange any information or materials requested in order to facilitate my participation in CVHC's Mutual Self-Help Program, Housing Counseling Program and/or Credit Counseling Program. I agree that a photocopy of this may also serve as authorization

The groups or individuals that may be asked to release the above information includes but is not limited to:

- Mortgage companies
- Past and present employers
- Support and alimony administrators
- Social Security Administration
- Veterans Administration
- State unemployment agencies
- Utility companies
- Banks & financial institutions
- Non-profit organizations

I/We further authorize CVHC to order a tri-merge (3 bureau) consumer credit report in my name, as part of the CVHC's Mutual Self-Help Program, Housing Counseling Program and/or Credit Counseling Program.

I/We also authorize CVHC to exchange information with all pertinent parties in order to assist me with the best plan to resolve my immediate situation. I authorize the exchange of information with any party authorized in this release to include but no be limited to in person, via phone, via fax and via email.

This authorization will stay in effect until I complete my participation in the Mutual Self-Help Program, Housing Counseling Program and/or Credit Counseling Program or revoke this authorization in writing. I understand that this form will be used to establish my interest in the CVHC's Mutual Self-Help Program, Housing Counseling Program and/or Credit Counseling Program. By signing this form, I understand and agree to abide by the rules and regulations established by CVHC.

Applicant Name (please print) Signature Date

Co-Applicant Name (please print) Signature Date

Send Application and payment to:
Coachella Valley Housing Coalition
45-701 Monroe St. Suite G
Indio, CA 92201
Phone: (760) 347-3157
Fax: (760) 342-6466

FOR OFFICE USE ONLY:
Self-Help# _____ WL# _____
Application Fee: \$ _____ Date Received _____
Money Order # _____ Check # _____
Received By: _____

